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|--|---|-----------------------------------|---|------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/660,134   | <b>FILING OR 371(c) DATE</b><br>09/11/2003<br><b>RULE</b>   | <b>CLASS</b><br>301               | <b>GROUP ART UNIT</b><br>3617   | <b>ATTORNEY DOCKET NO.</b><br>7296 |                                |
| <b>APPLICANTS</b><br>Shun-Min Chen, Taipei Hsien, TAIWAN;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 01/07/2004</b>   |   |                                   |   |                                    |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u> |   | <b>STATE OR COUNTRY</b><br>TAIWAN | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>12          | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>ARLENE J. POWERS<br>GAUTHIER & CONNORS LLP<br>225 FRANKLIN STREET, SUITE 3300<br>BOSTON ,MA 02110  |   |                                   |   |                                    |                                |
| <b>TITLE</b><br>WHEEL DEVICE WITH QUICK-RELEASING MECHANISM  |   |                                   |   |                                    |                                |
| <b>FILING FEE RECEIVED</b><br>833  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                    |                                |